



Maple Leaf

IMPLANT & GENERAL
DENTISTRY

Due to HIPAA regulations, we can no longer see minors without written parental consent FOR EACH VISIT. **Any time that a minor is seen in our office without a parent or legal guardian being present, a consent form must be on file with our office.** If you plan to send your child (under 18) to an appointment with a relative or driver, or if your child will be driving him/herself, the following must be filled out and signed—EACH TIME.

I give permission for Maple Leaf Implant and General Dentistry, PLLC to treat my minor child,

_____ (name of minor). I understand that I am giving permission for treatment (including but not limited to x-rays, fluoride, previously discussed treatment plan, etc.) I understand that sometimes, during the course of treatment, a proposed treatment must change due to unforeseen circumstances. I understand that I am financially responsible for all treatment given on behalf of my minor child.

This consent is good for the following date(s) of service: _____

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian